

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00053553	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Starshow Presents, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2016</b>	
Mailing Address <b>2065 American Drive, Suite A</b>		Amount <b>212.50</b>	
City <b>Neenah</b>	State <b>WI</b>	Zip Code <b>54956</b>	Transaction ID : <b>72062100</b>
Purpose of Expenditure <b>Booth Rental</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Donald J Trump</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Starshow Presents, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2016</b>	
Mailing Address <b>2065 American Drive, Suite A</b>		Amount <b>212.50</b>	
City <b>Neenah</b>	State <b>WI</b>	Zip Code <b>54956</b>	Transaction ID : <b>72062101</b>
Purpose of Expenditure <b>Booth Rental</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Hillary Clinton</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>425.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 15 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00053553	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Starshow Presents, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2016</b>	
Mailing Address <b>2065 American Drive, Suite A</b>		Amount <b>212.50</b>	
City <b>Neenah</b>	State <b>WI</b>	Zip Code <b>54956</b>	Transaction ID : <b>72062102</b>
Purpose of Expenditure <b>Booth Rental</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Sen. Ron Johnson</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Starshow Presents, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2016</b>	
Mailing Address <b>2065 American Drive, Suite A</b>		Amount <b>212.50</b>	
City <b>Neenah</b>	State <b>WI</b>	Zip Code <b>54956</b>	Transaction ID : <b>72062103</b>
Purpose of Expenditure <b>Booth Rental</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Russell Feingold</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>425.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00053553	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>National Rifle Association of America</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2016</b>	
Mailing Address <b>11250 Waples Mill Road</b>		Amount <b>1904.74</b>	
City <b>Fairfax</b>	State <b>VA</b>	Zip Code <b>22030</b>	Transaction ID : <b>72233193</b>
Purpose of Expenditure Salary / Benefits		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Sen. Rob Portman</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>National Rifle Association of America</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2016</b>	
Mailing Address <b>11250 Waples Mill Road</b>		Amount <b>339.44</b>	
City <b>Fairfax</b>	State <b>VA</b>	Zip Code <b>22030</b>	Transaction ID : <b>72233194</b>
Purpose of Expenditure Salary / Benefits		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Sen. Ron Johnson</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought <b>0.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2244.18</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>National Rifle Association of America Political Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00053553	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>National Rifle Association of America</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2016</b>	
Mailing Address <b>11250 Waples Mill Road</b>		Amount <b>8682.98</b>	
City <b>Fairfax</b>	State <b>VA</b>	Zip Code <b>22030</b>	Transaction ID : <b>72233195</b>
Purpose of Expenditure Salary / Benefits		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Donald J Trump</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>National Rifle Association of America</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2016</b>	
Mailing Address <b>11250 Waples Mill Road</b>		Amount <b>1109.66</b>	
City <b>Fairfax</b>	State <b>VA</b>	Zip Code <b>22030</b>	Transaction ID : <b>72233196</b>
Purpose of Expenditure Salary / Benefits		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Sen. Roy Blunt</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>9792.64</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>12886.82</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

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